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THE DISABILITIES OF THE REPATRIATES FROM
RUSSIA — THEIR CAUSES AND TREATMENT

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FOREWORD

This study is the third of a series dealing with the experiences of German prisoners of the Russians. The first was the detailed story of a German released in 1949. The second was a description of methods of interrogation used by the Soviets. The names of author and reviewer are withheld.

W. S. Nye
W. S. NYE
Colonel, Artillery
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P R E F A C E

According to its official statement of May 1950 the Soviet Union has concluded the repatriation of the German prisoners of war. The fate of hundreds of thousands of German soldiers is thereby left uncertain. The greater part of these men have succumbed from hunger, extremely heavy labor, mistreatment and physical and spiritual torment. They are silent forever and are buried somewhere in the endless expanses of Russia. However, their relatives continue to hope and will suffer until they have some positive knowledge. Another smaller number of them have "vanished," or have been "deported" or condemned to "silence." Among these latter are probably included all those who are not permitted to see the western world again because their knowledge of the Soviet system and the infinite number of crimes committed under it might perhaps be dangerous to Communism. An additional number have been condemned to severe penalties which probably none of them will survive, in view of their age and their physical and mental condition.

However, what is the condition of those who were condemned in the Soviet Union and are still alive? The evidence available to both the German government and the Western Powers is so clear and voluminous that probably nobody can doubt any longer that the Soviet Union has committed striking perversions of justice for political reasons. A number of separate reports, containing concrete statements, have called attention to these facts. The number of those condemned, some of them without a trial, without witnesses, without legal counsel, without the possibility of an appeal, cannot yet be ascertained. However, it must be considered relatively high. In order to save face, a few convicted defendants have been pardoned and permitted to return home. Perhaps more will be pardoned and released if the Western world adopts a resolute and energetic stand against these perversions of justice.

What can be the underlying purpose of these convictions? We believe it is the purpose of the Soviet leaders to spread fear and terror. They propose to bring about a paralysis of the will to resist by announcing: "Look -- this is what will happen to you if you fall into our hands!"

The German Reviewer

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THE DISABILITIES OF THE REPATRIATES FROM
RUSSIA -- THEIR CAUSES AND TREATMENT

A Memorandum by the Chief Physician of the
Convalescent Home for Repatriates Operated by the
Landesversicherungsanstalt for the Rheinland-Pfalz
in Waldkatzenbach in the Odenwald

In order to understand the disabilities of the returnee from Russia, it is first of all necessary to obtain a clear picture of their causes. For this purpose the conditions under which prisoners of war lived in the Soviet Union must be considered. Most soldiers enjoyed excellent health at the time of their capture. As the result of various rumors and the propaganda disseminated by the Wehrmacht High Command, they were in deadly fear of being captured inasmuch as they expected that sooner or later, after more or less painful interrogation procedures, they would lose their lives. None of them was therefore particularly astonished when, soon after capture his person and baggage were thoroughly searched. During this process everything of any value, including snapshots, boots, and serviceable uniforms and underwear were taken by the Soviet soldier doing the searching. If the result of the search was profitable, the soldier who had been enriched in this manner naturally became good-humored, manifested this by jokes and the distribution of "Machorka" [a brand of tobacco], newspaper, and perhaps watery soup.

At this point the prisoner already knew that he would not be killed, but he was enraged because every possession including snapshots and letters had been taken away from him. It was depressing to stand barefoot, clad only in shirts and trousers, frequently only in drawers, and sometimes even in winter on a dirty Russian highway, and then to be taken on so-called propaganda marches through the streets of Moscow and other large cities in order to show the wondering populace how poorly the Germans were clothed. Thus began the martyrdom of German prisoners of war.

There followed the trip into the interior of the country. For weeks the prisoners were so closely crowded into railway cars that it was impossible to lie down. They had no adequate protection against cold and went for days on end without food, and when they

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finally got some it consisted of a watery soup, fish heads, sauerkraut and a piece of dry bread which mainly contained chaff and straw.

The toilet facilities consisted of a hole twenty centimeters square in the floor of the railway car. Once a day at one or the other train stops the prisoners received a pitcher of warm drinking water. Once a day, too, the question was asked: "Who sick? Who kaputt?" The dead were carried out and piled up in the rear cars by comrades who were barely able to walk as the result of hunger and exhaustion. The sick, provided they had fever, were taken to the hospital car which, however, differed from the other cars only in name and because of a Red Cross sign painted on its doors. They were not given treatment since the hospital car contained none of the things needed for treatment. In the railway cars there was moaning, diarrhea, offensive odors, despondency, but also the hope that life would be better in a prisoner of war camp.

What the prisoners saw and experienced in camp, however, was wooden fences with barbed wire, guard towers with searchlights, camp gates guarded by sentries, Russian soldiers and officers, hours of waiting and roll calls, and many hours of physical searches during which their last possessions were taken from them. Then they were marched to the bathhouse where all hair on their head was clipped and all body hair was shaved off, including also the pubic hair. For washing they were given a small pan with warm water and a cake of soap the size of half a matchbox. That was all the soap and water there was. The clothing they received from the delousing plant was torn, stiff with dirt, steaming and malodorous.

They slept in dark, wooden barracks in which there were two or three tiers of bunks along the walls. There was a lack of straw, and not a single blanket. The windows were broken, the floors rough and there was vermin. Fortunate was the man who still had a tattered greatcoat or jacket, for he could cover himself.

On the following day the prisoners were assigned to various work brigades. The daily routine was as follows: After getting up there was breakfast, consisting of 750 grams of thin soup made with a dirty piece of fish and some cabbage; then there was roll call at the gate; marching to the place of work, eight hours or more of arduous labor without a break; return to the camp; roll call at the gate. Lunch consisted of 750 grams of thin soup made either with fish, diced potatoes, bones or tainted tripe, plus some cabbage, millet or barley, followed by 300 grams of "Kascha", a broth containing cabbage, potatoes or barley; then followed a few hours of work in the camp since it had to be organized. Supper consisted of 750 grams of thin soup with the usual ingredients, to which was added a daily ration of from 400 to 600 grams of moist bread made of coarse grain, chaff and straw. As dessert the

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prisoners were served an "anti-Fascist" lecture delivered by a Russian officer or a German anti-Fascist.

In addition, the men were interrogated, punished by confinement or the assignment of extra duties, or by being put into penal units. These conditions lasted for years, during which time the prisoners had no contact with their relatives. When finally allowed to write, they often received no reply to the one monthly post card which contained no more than 25 words. Food was for years the foremost topic of discussion in all wards and work places. For years everything was standardized: The work, the time, the rations, one's place on the bunk, the water for bathing, the soap for washing, the post card home, one's place in the camp vacation home, one's place in the hospital and frequently the number of those exempted from work, those employed inside the camp, and so on. The remark made by a German officer soon after being captured was significant: "Comrades, from now on use your mouth only to eat!"

The camp abounded with informers placed by the notorious operational branch of the MVD. Friends betrayed friends. Almost daily, especially during the final period, comrades disappeared and were never heard of again. The question that occupied every prisoners mind was: "Will I ever go home?" One thin ray of hope remained: "I shall manage it somehow, some day I shall return home!"

A miserable existence such as this, especially if it extends over a long period of time, must inevitably leave a permanent imprint on a man, in fact two types of imprints: disabilities of the body and of the soul.

Physical Disabilities

Frequently the repatriate only visits a physician because of a disease of which he has become aware. Actually he may suffer a multiplicity of diseases. Their symptoms generally are as follows: Loss of weight, reduced resistance, disorders of the glandular, nervous, circulatory and digestive systems and of the heart, change in blood composition, disorder of metabolism and of the bones.

The origin of abnormalities in the bodies of the repatriates can be explained on the basis of what has been said in the foregoing chapter. The main reason is to be sought in the protracted insufficiency and the unnatural monotony of prison fare, as well as the disparity between a low caloric intake and heavy forced labor. The diseases are aggravated, but their visible effects are concealed due to the periodic changes in the quantity of the rations during captivity, as the result of which the progress of the infirmity is periodically delayed or promoted, while its effects become increasingly serious.

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Chronic malnutrition of this sort leads to an exhaustion of the body's reserves and to the depletion of albumen stored in the living substance of the body. This causes, among other things, a progressive atrophy of all body cells, and what is by no means less important, the atrophy of those parts of the digestive system which absorb nourishment, a thing which in turn affects the appetite. The chemical processes in the body's digestion of food are disturbed. The lack of vitamins causes disease of the heart, the circulatory and the central nervous systems. Entire cellular systems become atrophied due to inactivity. The glands which produce hormones cease to function. Anaemia results in an insufficient supply of oxygen.

Thus there develops a circuit of harmful causes and effects which precipitates the patient into a condition where the functioning of all organs is disrupted and all vital functions are jeopardized. The final result is the series of deficiency ailments which are so well known and which are described in Russia as "dystrophy."

The Russians differentiate between a dry or emaciated and a wet or oedemic form of dystrophy. In the case of both these forms it often happened that at mealtime the prisoners ate just enough food to keep themselves alive until the next meal eight hours later. If the next meal was not forthcoming, such men, although in full possession of their mental faculties, lost all power to move their muscles. After another six to eight hours at the utmost, they died due to heart failure. I myself saw such a case. A day before his death the Russians called the patient a moulder. It was only by means of an autopsy that the German doctors were able to refute this.

The excitement was great — how was a thing like this possible? The standard camp rations, according to Russian caloric tables, which were daily checked by a German physician, averaged 2,500 calories per day. Scientific research had established that this intake of calories was quite sufficient for a person doing light work. Firstly, however, the work demanded was usually heavy labor or very heavy labor, and secondly, due to thefts by both the Russian and German camp officials, the proper rations were never distributed. Thirdly, their quality was poor, and fourthly the ingredients of the food which went to make up the rations were inadequate to satisfy the demands of the body. Above all, there was a lack of adequate amounts of albumin, which is vital to the nourishment of the living substance of the body and which cannot be replaced by anything else. This will explain why every single returnee from Russia is sick, even though he may not have had to perform hard labor and though he may have been given adequate quantities of food. It also explains why, as was discovered in Germany, they suffered from a third form of dystrophy namely "Lipophily," which is a form of obesity.

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In order to hide the outward symptoms of dystrophy and to make returning prisoners appear healthy and strong, the Russians were in the habit of subjecting them to a "fattening-up cure," similar to that given pigs. During this period the prisoners had to perform either light work or no work, while being fed food that contained large amounts of carbohydrates which, to the extent that they were not used up by normal body functions, were stored in the form of fat. Over the entire body there was thus formed a soft, flabby and watery layer of fat that lent the returnee a superficial appearance of good health, although, just like those who remained behind in Russia, he suffered from a lack of albumen, a substance vitally needed.

During captivity, many of these deficiencies fail to show, simply because the sum of biological and functional activities is reduced and simplified. Moreover, the body automatically eliminates so-called luxury functions at a time when survival is threatened. It is therefore not surprising that many prisoners become really sick or notice a slackening of their energies only after their return home. This accounts also for the perspiration and insomnia to which many repatriates are subject, as has been widely noticed.

The human body operates an independent nervous system which consists of two nerve groups: the parasympathetic nerves (the "gastro-intestinal" nerves or "ego nerves"), and the sympathetic nerves (the "energy," "motor" or "social" nerves). During imprisonment, it is the ego nerves which are preponderant. As soon as a man finds himself free again, however, and an independent and honored member of his community, the dominance of the ego nerves gives way to a preponderance of the social nerves. The ensuing higher metabolism produces unrest and perspiration. Thus we can hardly fail to recognize in the repatriate's behavior the close interrelationship of physical and psychical processes.

Psychical Changes

Many readers will ask what produces psychical changes, and if such changes are present, what they have in common with the diseases of repatriates? It is generally recognized today that psychical changes, feelings, sentiments and passions influence the functions of the body, as for instance, in blushing for shame, in growing pale from fright, in vomiting because of fear, and so forth. In contrast to all other creatures man possesses the important capacity of reflective thought, the ability to think and to restrain his various natural activities. Reflection is deliberately brought to bear as a brake and thus the course of many vital functions is curbed or disturbed by rules and precepts. Animals have no problems and follow their instinct. Because of his brain, however, man has to struggle with ideas, problems, conflicts. This self-consciousness calls into being the "ego concept," that is, the ability to differentiate between

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himself and others and evaluate himself in regard to others. This ego concept, as directed by personal feelings, places man in opposition to his environment, either in the forms of an inferiority complex or in the form of positive personal feelings.

If the influence of environment is salutary, enabling the individual in question to easily reconcile his own personal feelings with the restraints of society, he will conduct himself very differently from a person who cannot, or only inadequately, strike a balance between the ego concept and the community. It is an absolute, unalterable fact that man depends on his fellow men, for only through relations with others is he capable of living a well-rounded life. Work, profession, love, marriage, family and nation are the most important factors which tie the "ego," the individual personality, to the "we," the community, and conversely the "we" to the "ego." If these factors are out of balance, if the conscious mind is at odds with the subconscious and if a contradiction exists between "I" and "We," then there arises an unsolved inner conflict which inevitably must lead to increased inner tension, to an unstable frame of mind with all its attendant consequences. Full harmony or adaptability of an individual's ego with regard to his environment is essential to make his world a worthwhile place in which to live. However, if man and his environment fail to achieve an inner communion, the result must be a functional disharmony which creates a predisposition to disease.

If we compare what has just been said with the contents of the first chapter, we will realize that a period such as this, filled with the experiences and contradictions described is bound to have a far-reaching effect.

The German soldier, highly respected the world over and, as a result, full of self-confidence is captured by the Russians. He has to endure a physical search, he loses everything that he cherishes, his protests are not only ignored but even ridiculed. Paraded like a circus animal before the Russian people, always under heavy guard, inadequately clothed, seriously suffering from dysentery, without food for days, and then again served a rich soup by white-clad cooks or nurses, he is photographed, interviewed by the press, and propagandaized. The municipal streetcleaning and sprinkler trucks follow the marching prisoners. If in camp, through their ingenuity, the prisoners make something useful, such as a knife, a box, or a shirt from rags, it is taken away from them. Countless comrades die every day, or are shot, because they lack the strength to endure the hardships of marches, railway shipments, camp life and work. The German physicians, who have the confidence of the prisoners, are unable to help, because they are denied the medicaments which they lost when captured. Shady and criminal elements from penal units, so-called "booty Germans" ("Beutedeutsche"), have usurped power in the camps and, under the guise of communism, tyrannize and victimize

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their fellow prisoners. They are cut off from all contact with their relatives. As far as the latter are concerned, the prisoner is dead. Are his loved ones still alive?

Barbed wire, compulsion, hard labor, exhaustion, disease, anguish, dying! No ear hears the sufferings and groans! No kind word as consolation! Is it surprising then if after first flying into a state of rage and fury, and after fruitless resistance and rebellion the prisoner of war is overcome by resignation, indifference and passivity? How we were disappointed and shaken when cases of thievery among comrades became ever more frequent in camp! And how we were embittered when the Russian chief physician, a woman, sneeringly said: "Nichevo, doctor, dystrophy is not so bad; patients with this disorder are not quite 'all there!'" This remark was accompanied by a characteristic movement of the hand.

Pieces of mouldy bread and rancid butter were daily found in hospitals under the bolsters* of skeleton-thin men suffering of dystrophy, who were entirely apathetic and who could hardly eat any more. It was an insult that the hopelessly sick received from the Russians their favorite dishes, namely, rice, cutlets, and the like, and it was an irony of fate that the famished usually died with a spoon in their hands. Such agonies had to be witnessed by every prisoner several times each day. For him there was accordingly only the question: "When will it be my turn to die?" Later on conditions improved somewhat, and moreover, a natural selection of the fittest had occurred, for only prisoners who had a powerful physique stayed alive.

After the war we were told daily. "Work well and you will go home soon." All the prisoners believed this and all of them worked hard, inasmuch as the Russians had let it be known that every type of work was credited as reparations in claims against Germany. Then came the disillusion. Year after year the sick and the weak were sent home, those who were of no more profit to the Russians, those who were too exhausted and those who had contracted tuberculosis, and other such diseases, and who would have died in the camps and still further increased the number of dead. There were accordingly two possibilities: to become sick and emaciated and therefore to be returned home, or else to remain and work and suffer.

The only hope was peace and the influence of the Western Powers, whose ideals were humanitarian and who had propagated these ideals during the war in radio broadcasts that often had been listened to in defiance of regulations, or in newspapers and the war crimes trials. The Western Powers failed in their efforts to influence the

* A wedged-shaped "pillow" placed under the regular pillow of a bed.

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Soviet Union. Not a single international commission has so far succeeded in gaining access to a Russian prisoner of war camp. Is it surprising therefore that the last hope has disappeared and the last shred of confidence has been lost? Is it any wonder if the prisoner began to think of himself as merely a number among many, without personal value, and if inferiority complexes appeared, if he became easily excitable, insulted and enraged?

The prisoner had to submit to compulsion everywhere. Compulsion to perform more and more hard labor; compulsion to participate in political meetings; compulsion to sign his signature to resolutions, compulsion to write articles for the bulletin boards and to participate in cultural meetings, compulsion to have his hair clipped and his pubic hair shaved, compulsion to bear up under the Russians' sarcasm. Not counting a few exceptions, there was never a chance to sit down in leisure, to talk or write to someone about personal problems, to read a good book, to wear decent and clean clothing. Not a chance to move freely outside of barbed wire without armed guards! Everyone was afraid of being beaten by the guards, afraid of interrogations by the operational branch of the MVD, afraid of being betrayed by his closest friend, afraid of disease and of starving to death, afraid of being accused of sabotage, of being denounced for "Fascist" talk or acts, because of refusal to work, afraid of being sentenced to hard labor in prison because of any of these "crimes," afraid because he might have belonged to a unit employed against partisans, or which had demolished a bridge, or had participated in assaults on a city, and so on. Is this not bound to result in taciturnity, animosity, inhibitions, internal rage and pressure, depressions, inferiority complexes? Should we feel surprised if the repatriate comes back home full of resentment against everybody, if he is uncommunicative, resentful, despondent, suffering from a sense of inferiority, subject to all sorts of inhibitions, if he stammers, is passive, hunted, restless, without initiative, if he secludes himself from his surroundings and from his nearest relatives, and finally, if he has lost faith in humanity?

No, there is bound to be disharmony, and its consequences will become noticeable in his physical functions and these, together with the organic injuries, make up the picture of a repatriate with dystrophy.

The drastic physical changes brought about in the repatriate after his homecoming, when he again meets with living conditions he has missed for many years, undoubtedly constitute a new hazard to his health. The physicians caring for these patients require a large measure of psychological and medical understanding and, most of all, they need patience.

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The Treatment of Dystrophy

The Russians, who had for a long time been familiar with dystrophy and for years had had opportunity to study it, gave German doctors the first hints about treating it. The hospitals had special dystrophy diets which contained about 3,000 calories, and in which the intake of liquids was limited, although adequate amounts of spices were supplied and which contained, in the form of meat, fish, and milk, as much animal albumen as was required for a daily minimum. Moreover, the patients received adequate amounts of vitamins. Digestion was aided by hydrochloric acids and pepsin.

As soon as their health had reasonably improved, the patients were released from the hospital and sent to "O.K. barracks" (O.K. stands for "osdorowitjelnaja Komanda" or convalescent details). Here they were to recuperate, which they usually did. They were detailed to light work, such as potato peeling and sweeping the area, and were told to take a stroll several times a day within the camp, to lie in the open air during the summer. Occasionally they were led by a nurse or an unarmed guard on promenades outside the camp which lasted one or two hours, at which time they had to pick nettles to be used in soups. Each morning they had to participate in brief physical training exercises in order to move and loosen up their muscles. On the whole, the Russians rarely annoyed the patients. They came in contact mostly with the nurses, who tried to be pleasant. At times an extra post card was handed out. Change and mental stimulation was provided by lectures and cultural recitals. As previously mentioned, however, if the prisoner failed to recuperate during this cure, the Russians would consider him a gold-brick, a malingerer, a self-mutilator and a Fascist.

Once the patient had recovered to some extent he had to return to work. After two or three months the same procedure started all over again, until the individual was so exhausted that neither his body nor his mind reacted any further. Then he was sent home. I myself have often witnessed the fact that in the course of these hardships even very intelligent men virtually sank to the level of idiocy, that is, they became quite childish.

During the years of our imprisonment we became aware that the Russians had correctly diagnosed the nature of this disease and that, although they attacked the core of the problem, their methods of treatment were too superficial and therefore inadequate. We are by no means satisfied to have at the end of our treatment merely a "human machine" which after being started, will operate reasonably well, although with some interruptions. We want to transform patients who suffer from dystrophy into men who are in full control of their physical and mental faculties and who through their own initiative will become fully responsible members of their community.

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What methods are we to choose and what obstacles must we overcome in our quest to bring these patients back to a normal life?

We must take into consideration all the above-mentioned factors which work together to make up the picture of dystrophy, its physical as well as its psychical characteristics. Each factor is important, just as each wheel is important in a watch. If even a minor part of a watch is out of order or does not function properly, it will not run or keep the correct time. Why should it be different with a human organism? We must therefore try to eliminate every disturbing factor.

Basically the greatest damage suffered by the patient was caused by malnutrition and its attendant lack of albumin. Consequently, we must provide him with a diet that contains so much animal albumin as not only to supply him with the daily minimum requirements, in order to maintain his present physical state, but as much more as will guarantee the restoration of the substance lost while in captivity. Moreover, the diet should contain the additional amount of other nutrients needed to provide the ingredients necessary to carry on everyday living, the albumin being used only in promoting the patient's recovery. At first, the consumption of liquids and salt should be reduced. The needed quantities of vitamins must be supplied, and the frequent lack of calcium and phosphorus must be filled. Of course, account is also to be taken of the damage caused by malnutrition to the heart, circulatory, digestive and nerve systems, the secretion of hormones, and such damage may have to be treated by medicaments. This method of treatment will be aided by revitalizing the patient's body and his entire personality, and by showing him the way from passivity and frustration. This can be accomplished by means of gymnastics, massage, alternating hot and cold baths, walks and a sojourn in salubrious country air.

It is extremely important that careful and painstaking attention be devoted to psychical changes, which often seriously obstruct the healing processes. The returnee must give up his self-centered reserve, passivity, inhibitions, inferiority complexes and depressed feelings. He must be made a vital link in the community of men, for, as has already been said in previous pages, man is capable of a full existence only in conjunction with his fellow men; he can only develop all his powers if he lives in harmony with his fellow beings. To change the existing disharmony into harmony is one of the foremost tasks in dealing with returnees. How can this be accomplished? For years the returnee had to do without the most important element of psychic life, a thing that is taught by every religion: Love!

The lack of this love — and I do not mean sexual love but love of one's neighbor — was in the last analysis responsible for the

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psychical changes in the repatriate and for the fact that his faith in the community was shattered. That there is such a love, which manifests itself in an unselfish desire to help, and in a friendly and cordial interest in his past and even more in his present and future fate, must be the daily experience of the returnee. Love is the great secret in the psychological guidance and treatment of the repatriate — and also of his environment. For only association with his environment can give a man the love he needs, and restore his faith in himself and in humanity. It is therefore necessary that the repatriate lives under unrestrained conditions and in congenial company, in order that he may become and remain a human being again.

In the sanatorium for repatriates in the village of Waldkatzenbach in the Odenwald, of which I am in charge, an attempt is being made to administer to all these needs, and I believe it has been shown that this method is the right one. That is the reason why I would like to add a few more words about this institution and the experience I gathered in the course of my work there.

Forty-five beds have been made available to us in one of the three sanatoriums located in this climatic health resort which is of rustic character and which is situated at a medium altitude. In addition to the repatriates we have convalescing men and women from all parts of Germany. The returnees are housed in rooms having two or three beds each and usually also running water and central heating. In the summer the patients can lie down in reclining chairs in meadows, or walk and hike in the beautiful woods nearby. In the winter they have opportunities for skiing and sledding. During inclement weather they can play games or read in the library. While taking the cure, each patient receives one DM per day for incidental expenses. Restraints are unknown, unless it be considered a restraint that the prescribed medical regimen must be observed, and that some brief household regulations exist which, however, consist only of the important basic rules of human decency and which fix bedtime at 2200 hours. Thanks to ample food supplies, the patients receive five nourishing meals rich in albumin to eliminate deficiencies, while medicinal and physical treatments are designed to heal organic impairments. As previously mentioned, a cure is not confined to the treatment of a disease but also should bring about in the patient a psychical relaxation and the reestablishment of contacts with society.

The main factors for producing relaxation and recuperation are happy experiences and such diversions as will lead the patient to forget or at least become less aware of his frightful past. This purpose is primarily achieved by friendships which develop not only in the sanatorium but also with all the villagers. Joint walks or hikes in the truly beautiful and romantic countryside, conversations, small pleasures shared, games and parties, as well as dances held

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alternately in the three sanatoriums, inperceptibly lure the repatriate away from his reticence, remove his inhibitions and place him squarely in the community. Personal talks between patient and physician further this development and establish close ties of confidence. By this means it becomes possible to recognize deep-rooted disturbances and treat them by special methods..

Experience has shown that, during the first two or three weeks, the repatriate prefers seclusion, is reticent, broods and goes his own way, takes no interest in anything, stays aloof from parties and joint undertakings, and spends a great deal of time in his room or in some lonely corner. Already during this period, however, he undergoes considerable changes. He loses weight, often several kilos, because the body progressively eliminates visible or invisible stores of water. Wrinkles reappear in his face, the bags around the eyes and the bloatedness disappear, he looks people in the eyes and he becomes more affable and accessible. The obese patients begin to gain weight while gradually losing their abnormal layer of fat. This moment is the great turning point. The patient suddenly realizes he is among friends and he commences to take part in community life, in games and parties. He is launched on the way to a community life. It is surprising how disorders of a different type, such as digestive and circulatory ailments and abnormal hormone secretion either gradually improve or are completely cured, often without any medicinal treatment during this phase.

After eight to twelve weeks most patients can be released and are capable of accepting light or medium work. But not every case progresses so smoothly and simply. Among the repatriates who had been captured long before the end of the war, and who had worked under especially arduous conditions, and the older soldiers who were past forty, there were many men who developed damage and injury to vital organs as a result of chronic undernourishment, and these men could not be healed so easily and in some instances not at all. Their further care is the responsibility of the repatriate's regional welfare office, which is informed by us concerning the condition of each patient released from our sanatorium.

There are still other factors which often interfere with the recuperation processes. Lately there has been an increase of cases where the repatriate's psychological condition suffered still further because his wife, either at the time of his homecoming or a few days later, had told him that she could not live together with him any more, because she now has a "friend" or for some other reason. A role not to be ignored in divorces is played by the repatriate's often persistent sexual impotence or at least reduced potency. Dwinger and other authors described the hardships due to lack of sexual intercourse suffered by prisoners of war in Russia during 1914 - 18, and the frequent cases of homosexuality. During the past war nothing was heard about this kind of hardship in Soviet

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captivity and there were extremely few instances of homosexuality. Why? The reasons are the chronic malnutrition and especially the lack of albumin which, as already mentioned before, led to a malfunctioning of the hormone glands and thus to impotence or at least to a sharply reduced potency. Unlike the situation in World War I, this reduced potency was not strong enough to lead to homosexuality. Another reason was the general weakness brought about by hard labor. Moreover, the prisoners lacked stimulation since they seldom came in contact with women and these were, at least as to outward appearances, repulsive because of their vulgar and dirty clothing and their untidy look.

The prisoner of war, having as a result been physically and psychologically remote from such matters, returns home. Because of the long years of separation and the hardships he has experienced and which his wife and family have experienced, a certain estrangement between the spouses is bound to occur. Let us try to understand the situation of the wife, who faithfully and lovingly had awaited the return of her husband. How great is her joy at his homecoming and how disappointed she is when she realizes that he is no longer what he used to be. This often leads to further estrangement, irritation and arguments. The result is that condition which I mentioned at the beginning of this chapter. Patients in this category are the most difficult to treat and cure.

Another group of repatriates whose recuperation is seriously jeopardized is that of those who have been refused work by their former employers. Every day I talk not only to refugees, but also to repatriates who until their induction had been employed in Western Germany, and who now are unable to find employment. They live in despair because they do not know how to feed their families after they leave our sanatorium. It was just this concern about their families which sustained the hundreds of thousands of prisoners through the long and difficult years of imprisonment. It was not merely indifference, passivity and resignation to fate which -- caused by malnutrition and enslavement -- led to the relatively low figure of suicides during Russian imprisonment as compared to the figure of suicides during World War I. These are the very preconditions which might make men despair and drive them to suicide. No, it was the greater sense of responsibility of the father for his family, of the son for his mother, or the brother for his younger brothers and sisters. How was a family to live without a provider in a period of great poverty and misery brought about by a war which had been lost? To build a new future for his loved ones was the final goal of each prisoner and it was this that gave him the strength to overcome all hardships. Often enough a repatriate is able to perform light or semi-heavy work, but his former employers either have no work to offer or only jobs requiring heavy exertion. Yet where else is he going to find work! How gravely such problems influence recuperation is best illustrated

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by the following case history:

A repatriate who had spent almost ten weeks recuperating in our sanatorium could not be helped beyond a certain stage of convalescence. All efforts were in vain, he would not respond. His facial expressions alone bore witness to his cares. Until then he had had no hope for a job. Suddenly he was informed that in four weeks he could start at some light work for which he was qualified. Without further medical effort within a few days he lost not only all symptoms of psychological disturbance, but a clinical examination revealed him to be free of all physical disorders.

Does this case history not give us food for thought? Yes, indeed, and many people are now tackling this problem. The Labor Ministry and its subordinate social welfare agencies and employment offices are setting an example in that they keep in contact with our sanatorium and its patients and try to ease their road to readjustment. It has already been possible to help many a man. However, this is only a drop in the ocean. As long as the community cares nothing for the individual and the individual fails in his duties as a citizen, as long as the employer does not feel a moral obligation to lend a helping hand, and, without considering his own advantage first and foremost, does not find ways and means to bridge the readjustment period, just so long will a large part of our work be in vain.

In such cases it should be the duty of the government to help the repatriates — by their labor, which was credited to the reparations account, they helped Germany. The government could help the employer by granting tax reductions for the time he employs repatriates. I believe that by such a method many worries could be allayed. In the final analysis, the health and future of a not inconsiderable number of German citizens are involved, citizens who could contribute to build up our country, to regenerate our communities, and who could make a "German living space" from what is now the "German wilderness."

I have endeavored to report my experiences and observations as chief physician of a sanatorium for repatriates, in which the latter were shown the way to physical and mental regeneration. In order to show why this road has to be so broad and the methods so diverse and why such institutions are necessary at all, in Part I I tried to give an idea of what caused prisoners of war in the Soviet Union to get into a condition so terrible that it is probably without precedent. In conclusion I want to point out that in caring for the so-called "late repatriate" we must not forget the "early repatriate," the prisoner of war who was sent home before the others, but only because he was in such bad health that he could under no circumstances be of any more use to the Russians. A large number of these early repatriates still are in urgent need of help. It is necessary that each of

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us, all of Germany and in fact the entire world should face this problem with open eyes and an open heart, in order that these men may again be taken back into the community as equal members and help in the work of building up a healthy Germany and a healthy Europe.

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